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APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 09/340,951 06/28/1999 PAT 6,731,770

*VERIFIED***** FOREIGN APPLICATIONS *******

SWITZERLAND/PCT/CH99/00259 06/16/1999

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY SWITZERLAND	SHEETS DRAWING 5	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 3
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ADDRESS

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TITLE

Behind-the-ear hearing aid and surface-mounted module for this type of hearing aid

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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